Torpedo Destroyers, the Great War, and the Dawn of the Independent Duty Corpsman

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Story by André B. Sobocinski, Historian

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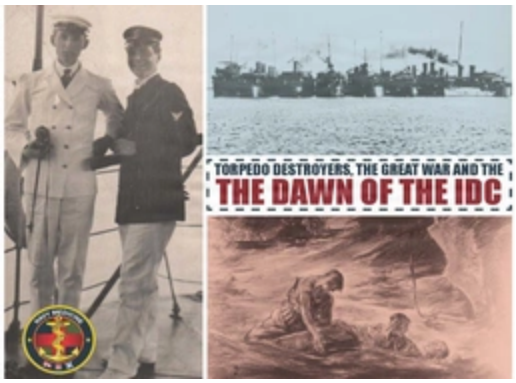

On the night of April 17, 1918, the American cargo steamer SS Florence H. lay at anchor in Quiberon Bay off the coast of Brittany, France. Then it caught fire. A fire on any ship is bad, but it is worse when its cargo hold is full of 3,500 tons of smokeless powder. With the appearance of the first flames, its frantic crew desperately tried to hurl crates of the powder overboard, but it was too late. Within a mere matter of minutes, the ship erupted into a cataclysmic explosion leaving a half-mile radius of burning wreckage and detonating debris in the water.

Sailors aboard the neighboring ships witnessing this inferno sprang into action, scanning the burning wreckage for any signs of life. Among those first responders were three hospital corpsmen—Pharmacist's Mate 1st Class Harry LeBas (USS Whipple), Pharmacist's Mate 1st Class Louis Zeller (USS Christabel), and Pharmacist's Mate 2nd Class George Manley (USS Sultana). Each dove into the waters, braving the darkness and swimming around the detonating debris to rescue badly burned and mangled Sailors. Although 45 lives were lost that night, these corpsmen helped rescue 32 others. For their efforts, LeBas, Manley, and Zeller were each awarded the Navy Cross—marking the first time Independent Duty Corpsmen (IDCs) received the nation's second highest military decoration.

Through the years IDCs have become indispensable medical providers. Serving aboard surface ships, submarines, as well as in dive lockers and special operations units, they ensure operational readiness by delivering critical care when there is no physician around. As their name implies, they are often the sole frontline caregiver with isolated units in austere environments.

The IDC emerged as a necessity during a period of expansion when the U.S. Navy was becoming a global sea power. This expansion placed a greater onus on shipboard physicians who could not be everywhere at once. In January 1909, Passed Assistant Surgeon R.R. Richardson of USS Albany (CL 23) urged that hospital stewards (early senior corpsmen, equivalent to the grade of E-7) be placed in charge of medical departments aboard torpedo destroyers like USS Perry (DD 11) where they were to "instruct the crew in 'First Aid' and 'Resuscitation of the Apparently Drowned,' keep [a] rough Medical Journal and the proper and necessary forms and returns." (1,2,3)

Other physicians with the fleet saw corpsmen as potential physician extenders. The very same year, Assistant Surgeon James Duhigg, the Pacific Torpedo Flotilla medical officer, suggested that "a hospital apprentice be assigned to each torpedo boat, and one hospital steward be retained to assist in paper work." Duhigg justified his position by stating, "It is believed that this number of hospital corpsmen is not excessive, considering that there are about nine hundred men on thirteen different boats, which necessarily increases the difficulty of caring for the sick and injured on this type of vessel. With this arrangement, much greater efficiency can be maintained and complete and accurate medical records kept."

Without question, the ability to provide medical coverage across the fleet was a significant challenge for the Navy of 1909. Out of the 221 Navy physicians on active duty in January 1909, 124 were assigned to take care of the crews of more than 290 commissioned ships—ranging in size from battleships, armored cruisers and torpedo destroyers to gunboats, yachts, and tugs. In 1909, three junior physicians alone were required to oversee the medical care for 14 active torpedo destroyers and 18 torpedo boats across three flotillas. This imbalance

necessitated new responsibilities for skilled enlisted personnel and for this the Navy initially turned to its hospital stewards, then the most senior grade in the Hospital Corps.

In 1909, hospital stewards Alfred Bennett (USS Perry), Orvil Driver (USS Lawrence), Lucien Kelley (USS Decatur), and Clement Duchesney (USS MacDonough) reported aboard these ships as some of the first surface IDCs. Although there was no fanfare and their personnel records make little or no mention of their roles, their contributions were impactful. As Rear Adm. Presley Rixey, the Navy Surgeon General, acknowledged in a 1910 report, “It is gratifying to report that the department’s plan of assigning a hospital steward to each of the large destroyers has been a success, and the experience so far indicates that these men are doing good work and have demonstrated their usefulness as a part of the complement.”

The IDC Who Never Was

In the Bainbridge-class torpedo destroyer muster rolls in the National Archives, you will see the name “Alfred Bennett” appearing multiple times. In 1909, Bennett was the hospital steward selected by Assistant Surgeon Richardson for independent duty aboard USS Perry. Previously he had served aboard the torpedo destroyer Preble. Although he may very well hold the distinction as the first surface IDC aboard a destroyer, Bennett was not exactly who he claimed to be.

According to his personnel record, Bennett enlisted in the Navy in October 1906 aboard the receiving ship USS Philadelphia, then based at the Puget Sound Navy Yard. Receiving ships like Philadelphia were fixtures at major naval ports at the time. Operating in an era when Sailors "learned to be Sailors at sea," these vessels functioned as a combination of recruitment and basic training stations where Sailors were processed, given physicals, and introduced to naval life before being assigned to the fleet.

On his application, Bennett claimed his birthplace as Richmond, Virginia, with a birthdate of June 3, 1884, and had prior experience as a pharmacist. Although this experience seems like a promising background for an aspiring corpsman, his name and biography were fabricated. Bennett’s actual name was Frederick Briggs and he was born southwest of San Antonio, in Atascosa, Texas on Feb. 26, 1887. It is unclear why Briggs joined under an assumed name since he was already of age at 19 years old. In 1915, while seeking to return to the Navy as a reservist under his actual name, it was noted that when first enlisting he “was advised [sic] by older men in the Service to ship under an assumed name.” Regardless of his motives, Briggs remained committed to his Bennett identity while in service and proved to be an excellent Sailor.

He was appointed Hospital Apprentice 1st Class (equivalent to an E-4 today) before being assigned to steam sloop-of-war USS Pensacola at Naval Training Station San Francisco. When Briggs arrived at the training station in September 1907, hospital corpsmen still received modicum of training at sea and learned on the job as apprentices. A basic hospital corps school was established in 1902, but not all designated corpsmen attended. Most received basic training identical to apprentice seamen except for special “hospital corps drill” and first aid instruction before being sent to sea. After his training, Briggs remained with the medical department of USS Pensacola until transferring to the armored cruiser USS Colorado (ACR 7) in June 1905. While aboard the ship he was promoted to hospital steward and then sent to the receiving ship USS Independence at Mare Island, California, before being assigned to USS Preble (DD 12), a Bainbridge-class torpedo destroyer in the second torpedo flotilla. He sailed with the ship to American Samoa and Hawaii serving as both as a corpsman and mail clerk for the 2nd flotilla. In February 1909, Briggs transferred to USS Perry, which would be his final duty. That same year, Briggs began his tenure as associate editor and staff writer for the leading Navy-themed periodical at the time, *Our Navy* Magazine. (4) Under the name “Alfred Bennett,” Briggs regularly published feature and news articles and even poetry.

Briggs completed his four-year enlistment and received an honorable discharge in 1910. He settled in Oakland, California, with his wife and daughter, who was born in 1912. Tragically, his life was cut short when he contracted pulmonary tuberculosis. Frederick Briggs ultimately succumbed to the illness in Phoenix, Arizona in January 1917.

IDCs in World War I

The Great War was a maturation point in the history of IDCs. The rapid expansion of the fleet—particularly the surge in destroyers, transports, and cruisers, demanded a massive influx of independent medical personnel. By the height of the conflict, IDCs had become absolute mainstays of naval operations, staffing some 100 ships across the war zone in U-boat infested waters. These lone providers managed everything from combat trauma like exposure, severe burns, and gunshot wounds to routine clinical ailments like respiratory infections, gastrointestinal complaints and contusions. After the war had ended, IDCs stood as a first line of defense against the deadly 1918 influenza pandemic while aboard destroyers and troop transports as it swept through the close quarters of the fleet.

Prior to the war, IDCs were "homegrown" and chosen by a medical officer for these roles. Beginning 1917, prospective IDCs began to be cultivated through special training programs, namely the Advanced Pharmacist's Mate School located at Naval Operating Base, Hampton Roads, Virginia. Established by Passed Assistant Surgeon William Howard Halsey, the former officer in charge of the Basic Hospital Corps School in San Francisco (Goat Island), California, the school required candidates to stand before an oral examination prior to admission. The course was comprised of clerical work, hours of pharmacy, chemistry / biochemistry (including urinalysis), bacteriology, dietetics, and familiarization with the supply table. Since all IDCs at the time were surface, graduates were typically assigned to a ship.

Then as now, the job of the IDC was all consuming. As one former IDC advised in an editorial, "You must be ready for work from morning until night or all night should it be necessary. You must remember that your job is one which deals with human nature, and often you will find that you have a crew which may be excited to the highest tension should an accident occur. It is vital that at such a time you . . . should keep a cool head. There will be times when various men will have any number of aches and ailments, from a toothache to the many known and unknown aches with which sea-faring men appear to be afflicted. Some of these aches and pains are caused by the man being sick, some are probably due to the imagination, but they all have their serious side, and it is your job to try and determine which side you have to prescribe for. You must listen to their troubles and try to get to the seat of the ailment and there are many times when medicine is not necessary. A little talk with the man, a few questions and perhaps a suggestion or two will sometimes do more good than any amount of pills, provided, of course, that the trouble is of the mind and not of the body."

The nature of independent duty has always demanded that corpsmen manage the unexpected. Sometimes these were emergencies requiring split-second decisions. During the war, IDCs consistently proved their mettle in some of the most trying and unexpected circumstances. This can be seen in the aftermath of the Florence (H), as well as the HMS Aquitania-USS Shaw collision.

On Oct. 9, 1918, Chief Pharmacist's Mate Orvil Driver was serving as the IDC aboard the destroyer USS Shaw (DD 68) during an escort mission with the HMS Aquitania, once the largest ship-in-the-world and in 1918 a Royal Navy transport / hospital ship. Aquitania collided with the Shaw ripping through the destroyer's hull, severing its bow and triggering a fire. Driver joined a damage control party to jettison ammunition from the forward ready boxes to prevent a catastrophic magazine explosion and attended to the casualties. Driver later described the aftermath:

"Just after daylight, I was asleep in my bunk when 'General quarters' was sounded. I rushed to the 'top side.' Just before I got on the deck I felt a jar to the ship. When I reached the deck, I saw the forward part of the ship in flames. We had been struck by the Aquitania . . .The crew's sleeping quarters forward were cut in two by the collision and below the crew's quarters were the forward oil tanks, which were also cut in two by the collision. The oil in the tanks took fire, and before the men could leave their quarters many of them were burned by the burning oil. In the crew's washroom I prepared to receive these men and dressed their burn with picric acid." Casualties were transferred to destroyers Duncan (DD 46) and Kimberly (DD 80) where they were put under the care of their IDCs. Shaw remarkably would sail to Portland, England, despite having no bow.

This was just the beginning though in the story of IDCs. Following the war, the need for IDCs didn't end, it blossomed. With the launch of V-boats in 1924, IDCs were first selected for submarines. Later in the decade, after the establishment of the Navy Experimental Diving Unit (NEDU), we see the first deep dive medical technicians serving as IDCs. And in 1942, with the founding of the Marine Raiders, select corpsmen were embedded in the

four battalions and today are acknowledged as the forerunners of Amphibious Reconnaissance / Special Operations IDCs.

Today's IDCs still stand watch at the absolute edge of operational reality. Whether managing an outbreak aboard a destroyer, performing emergency trauma care on a fast-attack submarine, or treating casualties on a remote battlefield, they remain the ultimate lifeline for those in harm's way.

And well over a century after the first hospital stewards stepped aboard the Navy's earliest destroyers, the mandate of the Independent Duty Corpsman remains unchanged. In the isolation that comes with being forward deployed and in the chaos of the frontlines, they are the guardians—shielding their crews and units from the dark, ensuring the readiness of the force, and quietly building on an extraordinary legacy of valor, dedication and service.

Historical Notes:

1. The term "hospital steward" had been used by the Navy since the 1840s when it was used interchangeably with "surgeon steward." The first hospital stewards could be found aboard ships and at hospitals ashore where they provided medical assistance to Navy surgeons. Although superseded by other titles including apothecary in the 1860s, the Navy resurrected the name in June 1898. Equivalent to Chief Petty Officer of the Hospital Corps, hospital stewards were the most senior grade in the newly established hospital corps. In 1916, the hospital steward name was replaced by Chief Pharmacist's Mate.
2. In 1909, the Hospital Corpsmen were limited to serving in three rates: Hospital Apprentice (E-2), Hospital Apprentice First Class (E-4) and Hospital Steward (E-7). The rates of E-3, E-5, E-6 did not exist until 1916.
3. Torpedo destroyers—were the forerunners of today's *Arleigh Burke*-class destroyers. They were fast sailing ships with torpedo armaments that were workhorses of the Navy and used as escorts for larger vessels.
4. *Our Navy* Magazine was a commercial periodical about all things U.S. Navy. It was published from 1897 until 1972.

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